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ABSTRACT

Statistical data illustrate the incidence of babies who have been prenatally exposed to cocaine. The damaging effects of maternal cocaine use on the fetus, infant, and young child are described, including: (1) prenatal strokes, malformed kidneys and limbs, and deformed hearts and lungs; (2) physical problems, social and emotional problems, and impaired learning in the first years of life; and (3) problems with interpersonal relationships and school in the preschool and early school years. The damaging effects of cocaine on families and on social services, health services, and educational services are also noted. Four proposed solutions to this social problem are outlined, along with their possible drawbacks. (JDD)

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Number 4, April 1990

# *Children of Cocaine: Facing the Issues*

## Cocaine: A Growing Problem

An introduction to the issues surrounding a drug that affects all segments of society.....Section One

## The Damaging Effects of Cocaine

In the womb.....Section Two
In the first years of life.....Section Three
In the preschool and first school years.....Section Four
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## What Needs to be Done?.....Section Seven

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Number 4, Section One

# *Cocaine: A Growing Problem*

*The facts are so terrible that we'd rather not hear them. We wish the problem would go away. Who wants to face the fact that Cocaine is the drug of choice for both the poorest and the most affluent in our society? We know that "yuppies" have cocaine parties, but we don't think of that as posing the same threat to babies as the "spaced out" crack user who sells her baby's formula to get more crack.*

*The research provides facts that we cannot ignore. Nationwide, in 1988, more than 375,000 babies exposed to drugs were born to women of* ***all economic levels and from all racial and religious groups.*** *The effects of cocaine on these babies can be the same whether Mom used drugs once during her pregnancy or whether she was a regular user.*

*The damage to these children is irreparable. Those born with cocaine in their bodies, and who must live with the consequences, represent all classes and races. The problems pervade our society.*

*The growing problem of drug exposed babies is illustrated in the following statistics and examples:*

- *One baby in 10 is born with some illicit drug in its blood.*
- *1.6 million women of childbearing age are regular users of cocaine.*
- *Of 2 million reported cases of child abuse and neglect, 50-90% of the cases involved substance abuse, much of which is cocaine or crack.*

A suburban housewife of an affluent businessman used cocaine once during her pregnancy -- a 5 gram birthday present. She decided a little wouldn't hurt, but a little wasn't enough. As a result, she went into labor. Her son was diagnosed at birth as having irreparable brain damage as the result of a cocaine-induced stroke.

A single parent with a good job in a small rural town used cocaine and alcohol occasionally during her pregnancy. She thought since she "wasn't really addicted" her drug use wouldn't affect her baby. Her daughter, now two years old, has constant colds, recurring ear infections and other respiratory problems. It's clear that her mom's substance abuse weakened her immune system.

Another boy who is five years old is only about 18 months old developmentally. He is unable to do simple motor tasks and doesn't seem to be able to learn his colors. "No wonder," says his teacher, "his mother was living in a crack house in the inner city and used everything from A to Z while she was pregnant."



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# *The damaging effects of cocaine . . .*

## In the Womb

*Cocaine is far more damaging to unborn babies than it is to their mothers. For her there is a brief high and the effects of the drug on her body are over within 48 hours. However, the drug remains in a concentrated form in the fluid surrounding the unborn infant for 4 or 5 days, constantly exposing the baby during critical months of development.*

*Damage to the baby is most severe during the first 3 months of pregnancy when organs are forming. There is increased likelihood for many things to go wrong, for example:*

- *Brain vessels burst causing a prenatal stroke;*
- *Malformed kidneys and limbs;*
- *Damage to the digestive and nervous system; and*
- *Deformed heart and lungs.*



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# *The damaging effects of cocaine . . .*

## In the First Years of Life

### ● Physical problems

*Infants prenatally exposed to cocaine are susceptible to:*

*-Weakened immune system causing chronic colds and infections*
*-1 in 6 chance of Sudden Infant Death Syndrome*
*-Impaired muscle development*
*-Disfigurement such as missing fingers or limbs*
*-Infection from mother's sexually transmitted diseases*

### ● Social and Emotional problems

*These infants are irritable and jittery. With emotions "right on the edge," they can scream and be inconsolable one moment and fall asleep the next. They are unable to remain in a calm, alert state unless left alone. When a parent tries to talk or play with them, they get upset or fall asleep.*

*This not only has a profound negative effect on the baby's ability to form relationships, but can discourage the mother from trying to interact with her baby. A normal parent child attachment lays the groundwork for developing trust and the ability to interact with others. These babies will not develop those basic skills and will be "at risk" in terms of getting along with others.*

### ● Impaired learning

*Normally, infants do most of their learning during calm, alert times. If drug exposed infants are left alone when they are awake and calm (because the caregiver is afraid to upset them), opportunities for learning are lost. They will miss the chances for important early language development, recognition of objects, and methods of interacting with people and the environment.*



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# *The damaging effects of cocaine . . .*

## In the Preschool and First School Years

### ● Relationships with others

*Normally, young children develop friendships and have a variety of interactions with both peers and adults. Research has shown that such relationships are necessary for success in school and later in the workplace.*

*Drug exposed children, particulary those who live in substance abusing families, may not have established positive parent-child attachments, and are often hostile and suspicious of others. This behavior is likely to cause negative reactions from teachers and other children. What can follow is a vicious cycle of one bad encounter leading to another, which prevents a good learning environment.*

### ● School problems

*Drugs can interfere with memory, attention, and perception so these children are often easily distracted and frustrated. Observers see them as hyperactive and having difficulty in organizing information.*

### ● Some research findings

*The research of Howard and Beckwith, of UCLA, tells us that drug-exposed toddlers score low to average on structured developmental tests. But what is of most concern is that these children show striking deficits in free play situations requiring organization, initiative and follow-through -- a vital way of learning for toddlers.*

*The daily experiences of children who have been prenatally exposed to drugs and continue to live in substance abusing families are scary. The effects of these multiple adversities will have an increasing impact on their abilities to cope in an educational setting. While resiliency and change are always possible for the child, we cannot take it for granted.*



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Number 4, Section Five

# *The damaging effects of cocaine . . .*

## On families

*Addiction specialists say crack threatens families more than other drugs because it is the drug of choice for women - a single dose is cheap, it's widely available and doesn't have to be injected. Crack is very potent and addiction accelerates quickly to the point where the only thing that matters is getting more of the drug.*

*This intense addiction can jeopardize the very structure of the family because parental caretaking responsibilities are ignored. As addiction alters normal behavior, children are endangered because their parents don't function as protectors and advocates. Crack and the money it takes to get it becomes a higher priority than children. The subsequent household disruption results in disregard of children's needs.*

### ● Custody Issues

*For children who have suffered the consequences of prenatal drug exposure, their next hurdle can be problems involving custody. If they're sent home with their mother, they may be in grave danger. In many reported cases of abuse and neglect, substance abuse, particulary crack, is a factor:*

- *At St. Paul-Ramsey Medical Center, about 10% of all births in the last 2 years - some 200 newborns - have involved infants who test positive for cocaine.*
- *Over 90% of these babies remain in the custody of the mothers who exposed them to cocaine.*

*In some cities, infant mortality, which has held steady for the last decade, is now on the rise due to crack use by mothers during and after the birth of their children.*

### ● Boarder Babies

*One new problem is that babies are abandoned in hospitals after birth as the addicted moms leave in search of drugs. These "boarder babies," whose parents cannot be located when the child is ready to be released from the hospital, are left in limbo. Hospitals and child welfare agencies have no authorization to deal with these abandoned children so that they can be placed in a better environment.*

*Foster care is a likely option, but the costs of taking care of these children, with their physical and behavioral problems, make them difficult to place in an already overburdened system. Adoption is another choice, but children in foster care are rarely freed for adoption. As a result, permanent placement is difficult to arrange.*



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## *The damaging effects of cocaine . . .*

Number 4, Section Six

On Society

**"We now have the concrete evidence that there will be as many as 4 million drug-addicted infants in this country by the year 2000."**

*-Senator Edward Kennedy, March 1990*

*Today's predictions are that these millions of children will have mental, emotional, and social deficits that will complicate their lives and threaten the basic institutions of our society. These figures support this:*

- **The social service system is overburdened**

*According to the report, **No Place to Call Home: Discarded Children in America** by House Select Committee on Children, Youth and Families, 500,000 children are in out-of-home placement today. If trends continue the figure could be 840,000 by 1995.*

*A U.S. Dept. of Human Services survey of 8 cities found that in 1989 nearly 9,000 babies were born to crack-addicted mothers. Caring for those 9,000 babies alone would cost $500 million for hospital and foster care through age 5. **Additional** costs of preparing these children for school could exceed $1.5 billion.*

*In Hennepin County, more than twice as many petitions for emergency services or temporary removal of children were filed in 1989 as in 1988.*

*Large numbers of medically-fragile infants create new demands on foster families and social workers.*

- **The health system is being challenged**

*At St. Paul Ramsey Medical Center, the city's only public hospital, about 10% of all births in the last 2 years - some 200 newborns - have involved infants who test positive for cocaine.*

*In Hennepin County an average of 25 babies per month test positive for cocaine.*

*The medical care of cocaine-exposed babies can be extremely costly, with medicaid payments only beginning to cover the expense.*

- **The school system must provide increased special services**

*Special education costs about twice as much as for a regular student.*

*Teachers are unprepared to handle so many students with neurological deficiencies. These children are often negative, hostile and unresponsive.*



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## *What needs to be done . . .*

*A system-wide emphasis on primary prevention--tackling problems **before** they occur--is the only sensible approach to the problems of cocaine. Any plan should incorporate a combination of:*

1. *Public education*
2. *Outreach and intervention with target populations*
3. *Decriminalization and treatment programs for drug using pregnant women*
4. *Increased investment in prenatal and early childhood health care programs*
5. *Improved legislation to help place abandoned children in healthy evironments*
6. *Collaboration between health, social service, and education sectors*

*Many proposed solutions carry with them new questions and moral dilemmas.*

| Proposed solution | Possible drawbacks |
|---|---|
| Treat the pregnant, cocaine-using women as criminals, either prosecuting them for acts committed toward their unborn children, or jailing them to prevent further prenatal exposure to cocaine. | "If you jail one woman, the only lesson you teach women is to stay out of the prenatal health-care system." (Ira Chasnoff, Northwestern University Medical School)<br><br>It infringes on the civil rights of the mother.<br><br>A discussion of the rights of the fetus raises abortion issues. |
| Offer drug treatment to these women. | This assumes they want and will accept treatment. There is consensus that those most in need of treatment are the least likely to want it. Their priority is to get more cocaine, not prenatal care or drug treatment.<br><br>Some people seeking treatment are turned away because of lack of space, which makes forced treatment for some make little sense.<br><br>Does this include the right to hold any pregnant woman in order to assess for chemical dependency? |
| Train doctors to encourage them to report cases of drug-using pregnant women. | Doctors are afraid of losing patients if they report them. They also fear that other women will not use prenatal services if they know they may be reported. |
| Public education, with the message that cocaine can do permanent harm to an unborn baby. There is evidence that not all pregnant women realize this and we must make sure they know. | Typical public education models do not seem to provide ways to get information to drug users. Do they read the paper, watch tv, listen to the radio?<br><br>There is a need to look at support services to families to prevent use of drugs in the first place, for example adequate housing. |



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